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Don Rucker, MD
National Coordinator
Office of the National Coordinator for Health Information Technology (ONC)
Department of Health and Human Services
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Submitted electronically to: <http://www.healthit.gov/isa>

Dear Dr. Rucker:

On behalf of Cerner, I am writing to provide input to the 2018 Interoperability Standards Advisory Reference Edition (2018 ISA Reference Edition). We appreciate the efforts of you and your team continuously improving on the ISA to help make this a valuable document for the industry by its indexing currently available and relevant interoperability standards and implementation specifications for healthcare information technology.

Cerner associates have participated in the collaborative efforts led by the Electronic Health Record Association (EHRA) as well as with HL7 to provide input to the 2018 ISA Reference Edition. We largely support and endorse the comments of those organizations and refer to their response for more detailed considerations; however, we are also responding individually to urge you and your team to consider the following general comments.

We appreciate the many enhancements made throughout 2017 to maintain a living ISA that provides value to the community. Expanding the scope beyond clinically focused interoperability to administrative and financially focused interoperability will help create a more comprehensive index, while addition of various functional models/profiles and information models will provide better context to understand the intended use of the interoperability specifications.

We agree that the ISA is a helpful tool to understand the various implementation guides and profiles available to address a wide variety of interoperability needs. We do remain concerned though with the potential use of the ISA beyond providing a landscape of available standards. The ISA, particularly with the 21st Century Cures Act now in place, may be considered by some as an already agreed to set of standards and implementation specifications that should be fully implemented now or in the near future, or that certain Adoption Level ratings should already be indicative of information blocking if not implemented by a vendor or provider. We suggest that the ISA more explicitly state that such expectations are not reasonable. Adoption of any of these standards or implementation specification by trading partners is purely voluntary until such time that regulatory programs require their adoption. Inclusion in regulatory programs should be based on input from the industry considering their

experience in pilots and demonstrable adoption rates. We suggest that creation of a roadmap, in strong collaboration with the industry and based on such actual implementation experiences, would greatly benefit all stakeholders as it can set more realistic expectations on adoption timelines well before becoming a regulatory requirement. In that context, we also suggest ONC clarify the invitation to federal agencies to use the ISA first as they are establishing initiatives involving HIT. We suggest that this invitation include clarification that agencies are to work with ONC to select the most appropriate specifications for their programs and contracting requirements to help ensure consistent use of interoperability specifications across programs.

We suggest adding the sources that informed the Adoption Level ratings of the specifications. These sources should not only include pointers to pilots in the Proving Ground, but should reference where applicable the actual use of standards by networks, suggestions by expert panel(s), or actual statistical analyses. While the introduction clearly indicates that the intent of the Adoption Level is as a measure of actual use by end users, this is not as evident in the individual interoperability needs. Various specifications are marked as “Pilot” but have a two or higher Adoption Level rating, which seems contradictory to the nature of a “Pilot”, e.g., IHE Document Metadata Subscription for the Publish and Subscribe Message Exchange in the Publish and Subscribe Message Exchange interoperability need.

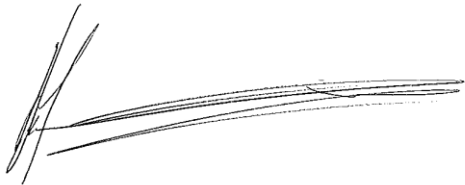
We note that understanding the purpose and scope of various use cases and interoperability remains a challenge, thus understand the applicability of the various ratings on maturity and adoption levels. We recommend adding a summary paragraph to each interoperability need that clarifies the essence and scope of the need. Such introductions would not only help the user of the ISA better assess the ratings, but also determine whether additional interoperability may need to be suggested.

Lastly, in response to your request for feedback on the presentation and navigation of the ISA as a web-based publication, we appreciate that the web based publication is constantly evolving as new information comes in, while the .pdf version is locked in as of a particular date for reference purposes. We would suggest however that the web-based publication provides an opportunity for notifications when updates are made. Depending on volume that may result in bundling updates on a monthly or quarterly basis to generate less update notifications, either one providing a reasonable frequency to apply updates. It also would be helpful to be able to “generate” a .pdf of the latest web-based publication as certain word searches across everything remain more complete when applied to the .pdf.

We will continue to work ONC and various industry stakeholders to find the right constructs that can provide the necessary insight into the state of interoperability, establish a nationally endorsed set of standards and implementation specifications, and generally advance the level of interoperability necessary to enable full access to the electronic medical record for patients, providers, and other stakeholders to ensure the right data is available to the right person at the right time.

Please do not hesitate to contact me if we can be of further assistance.

Sincerely,



Hans J. Buitendijk, M.Sc., FHL7
Director, Interoperability Strategy